

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015333

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registrar No. 3890

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo.</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. ANTHONY'S Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>4160 OLEATHA</i>	
3. NAME OF DECEASED (Type or print) First <i>SOPHIA</i> Middle <i>D.</i> Last <i>LOHMAN</i>		4. DATE OF DEATH Month <i>April</i> Day <i>18</i> Year <i>1959</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT. 28 1909</i>
9. AGE (In years, last birthday) <i>49</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (City and state or country) <i>ST. LOUIS Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>MICHAEL LAUB</i>		13b. MOTHER'S MAIDEN NAME <i>MARGARET LUX</i>	
14. NAME OF HUSBAND OR WIFE <i>AUGUST LOHMAN</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if for any reason) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>AUGUST LOHMAN</i> Address <i>4160 OLEATHA</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intracranial Aneurysm Rupture</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>330x</i> DUE TO (c) <i>330x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>2-3 mos.</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>a.m.</i> Month, Day, Year <i>p.m.</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>4-3-59</i> to <i>4-18-59</i> and last saw her alive on <i>4-18-59</i> Death occurred at <i>4:15 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Thomas R. Tuttle</i> (Degree or title)	
22b. ADDRESS <i>100 No. Euclid, ST. LOUIS Mo.</i>		22c. DATE SIGNED <i>4-20-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL APR. 21 1959</i>		23b. DATE <i>APR. 21 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>	
24. FUNERAL DIRECTOR <i>Thomas R. Tuttle 2906 Leavitt</i>		25. DATE RECD. BY LOCAL REG. <i>APR 20 '59</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>		27. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

3/10/3-14959
1-3 P.M Sat.
Mr. J. J. J. J.
100 N. Euclid
130-5 P.M. Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403
P. O. Address Jennings

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.